



AF/1614

Patent
Attorney's Docket No. 017751-021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

In re Patent Application of

Jean-Pierre ROBIN et al

Application No.: 09/801,751

Filed: March 9, 2001

For: THERAPEUTICAL METHOD
INVOLVING SUBCUTANEOUS
ADMINISTRATION OF DRUGS
CONTAINING CEPHALOTAXINE
DERIVATIVES

) BOX AF

) Group Art Unit: 1614

) Examiner: Jerome D. Goldberg

) Confirmation No. 5968

DEC 23 2002

TECH CENTER 1600/2900

AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

[] A Petition for Extension of Time is also enclosed.

[] A Terminal Disclaimer and a check for [] \$55.00 (2814) [] \$110.00 (1814) to cover the requisite Government fee are also enclosed.

[] Also enclosed is _____

[] Small entity status is hereby claimed.

[] Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (2801) [] \$740.00 (1801) fee due under 37 C.F.R. § 1.17(e).

[] Applicant(s) previously submitted __, on __, for which continued examination is requested.

[] Applicant(s) request suspension of action by the Office until at least __, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

[] A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.

[X] No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below:

| AMENDED CLAIMS | | | | | |
|--|---------------|---|--------------|--------------------|------------|
| | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADDT'L FEE |
| Total Claims | | MINUS = | | × \$18.00 (1202) = | |
| Independent Claims | | MINUS = | | × \$84.00 (1201) = | |
| If Amendment adds multiple dependent claims, add \$280.00 (1203) | | | | | |
| Total Amendment Fee | | | | | |
| If small entity status is claimed, subtract 50% of Total Amendment Fee | | | | | |
| TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT | | | | | |


☐ A claim fee in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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